

## A NEW DERMATOME

H. L. SILVER, M.B., B.S., *Toronto*

FOR THOSE whose specialty is plastic surgery, free-hand cutting of small grafts with a dermatome blade or scalpel is common practice. Those who infrequently cut split-thickness grafts for small defects—for example, for finger injuries—are often irritated by cutting them too small or too thick. It is difficult to cut a split-thickness graft accurately if a blade is used without some sort of guide to control the thickness of the skin cut.

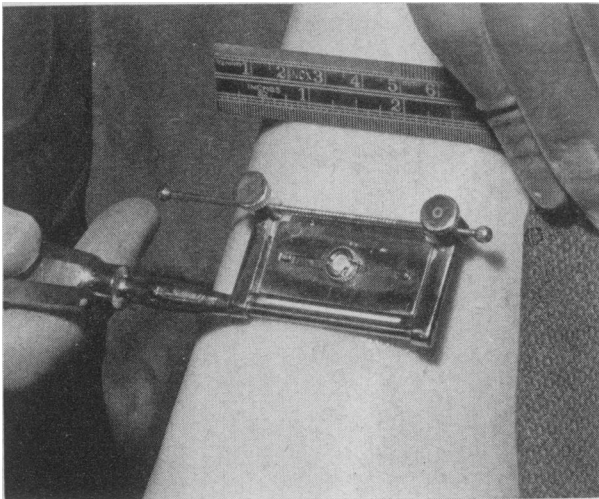


Fig. 1

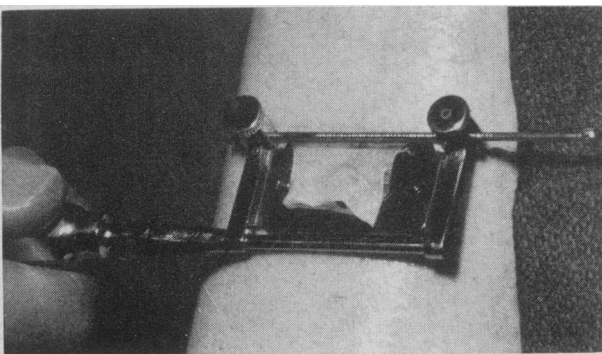


Fig. 2

The new dermatome illustrated in Figs. 1 and 2 has been designed for the taking of small grafts, and consists of a razor-blade holder, which carries an ordinary three-holed blade, with a guide to control the thickness of skin cut. To cut a graft, set the guide, hold the skin in front of the knife edge on the stretch, and hold the knife with its blade flat on the skin, and cut. If the knife edge is held at an angle to the skin, the graft will be thick, whatever the setting of the guide. The advantages of this knife are its simplicity and the fact that it uses a disposable razor blade and does not use glue.

My thanks are due to the J. F. Hartz Co., Ltd., Toronto, for making this dermatome.

39 Standish Ave.,  
Toronto 5, Ont.

LARVA MIGRANS IN CHILDREN  
RETURNING FROM FLORIDAGIBSON E. CRAIG, B.Comm., M.D., C.M.,  
*Montreal*

LARVA MIGRANS, or creeping eruption, is not often seen in this country. Having seen three young patients with this condition in one cold week last January, we thought it worthy of reporting so that physicians could be on the lookout for other cases.

The three children, all from different families, are aged two, three and eight years. They had recently returned from a well-known beach in Florida, where they had spent long periods in the sand. The first case involved the dorsum of the left hand, the second the leg, and the third the perirectal skin. One child had four distinct lesions; the others had single ones.

According to most authorities, this condition, when contracted on the beaches of the Southern States, is usually due to the larva of *Ancylostoma braziliense*, the dog and cat hookworm. The *ancylostoma* is about 8 to 10 mm. in length and the larvæ are 0.5 mm. long. The disorder occurs most frequently in children who play on beaches, in sand piles and other areas where dogs and cats defæcate.

The disorder is characterized by a progressing threadlike line, induced by the progress of the larvæ through the epidermis. The line is narrow, 1 to 4 mm. in width, and raised slightly. It may be straight, curved, wavy, or hooked in different portions, and can begin or end as a papule or vesicle. The lesions can be multiple and cover large areas, but the ones reported in America are more often single or few in number.

Itching is a common symptom and may lead to scratching and secondary infection.

Many treatments have been suggested, such as excision and cauterization. Most authorities appear to favour freezing the area with solid carbon dioxide or sprays such as ethyl chloride or Freon. The difficulty in treatment is that the larva is situated ahead of the raised line, so that it is not possible to know its exact location; hence a much larger area must be treated than if the exact location of the larva could be determined.

If treatment is successful, the raised line flattens and becomes normal in appearance. If, however, the larva has not been killed, a new line will form and at times more rapidly than before treatment.

Suite 6,  
1390 Sherbrooke St. West,  
Montreal, Quebec.

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